

10/539461

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
8		/				
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45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	6	↓	7	↓		↓
TOTAL DEP.	34	←	25	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55			/	/		
56						
57			/	/		
58			/	/		
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91			/	/		
92			/	/		
93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						